

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 31 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24815

1. PLACE OF DEATH

County Jackson
Township North
City K.C. Mo. (No. 1101 East 11th, apt. 23, Ward 23)

Registration District No. 389

Primary Registration District No. 300

File No. 24815

Registered No. 24815

2. FULL NAME

(a) Residence, No. 1101 E, 11th apt. 23, Ward 23.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1878

7. AGE YEARS 56 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo

13. NAME Geo Brunner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

15. MAIDEN NAME Sarah B. Wolfe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT (ADDRESS) Georgia W. Temple
3722 So. Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 26/34

19. UNDERTAKER (ADDRESS) Mrs. E. A. Porter
818 Pennsylvania

20. FILED 7-25-34 19 34 M. M. 6700

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY that I attended deceased from July 24, 1934 to July 24, 1934

I last saw him alive on July 24, 1934 Death is said to have occurred on the date stated above at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Heart Protrusion Date of onset 1934

Other contributory causes of importance:

Name of operation Autopsy Date of July 24, 1934

What test confirmed diagnosis — Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19 34

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury — Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) [Signature] M. D.

(Address) —

